

Provider Revision Guide: Therapy

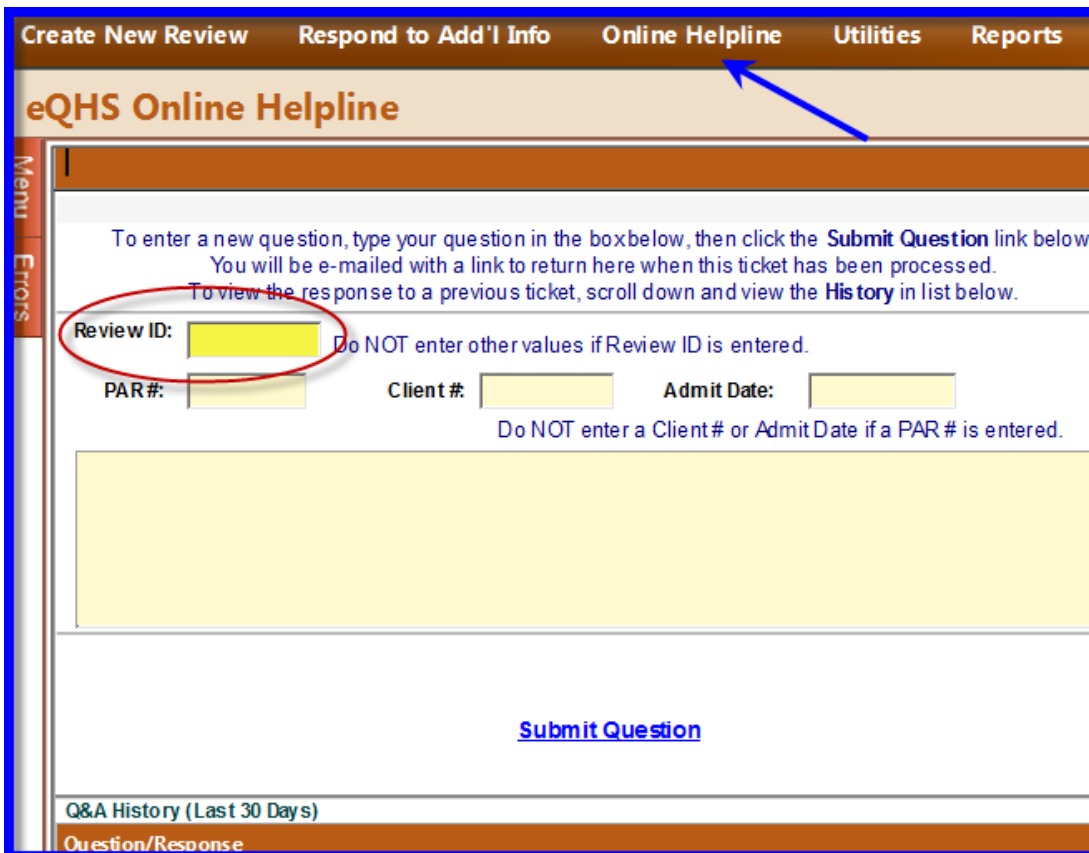
(Prior Authorization Reviews (PARs) issued by eQHealth Solutions
Dated on or after September 1, 2015)

Use APS revision guide instructions for all PARs issued prior to September 1, 2015

A revision is considered a change to an existing PAR. Please follow the specific guidelines below when requesting a change to an **eQHealth issued PAR**:

1. Submit a Helpline Ticket:

- To change a billing Provider ID to an affiliated facility:
 - If the request pertains to a specific PAR, always enter the Review ID number
 - If the request is not related to a specific PAR, simply enter the details of your request



The screenshot shows the eQHS Online Helpline interface. At the top, there is a navigation bar with the following items: Create New Review, Respond to Add'l Info, Online Helpline, Utilities, and Reports. Below this is the eQHS Online Helpline header. The main content area contains instructions: "To enter a new question, type your question in the box below, then click the **Submit Question** link below. You will be e-mailed with a link to return here when this ticket has been processed. To view the response to a previous ticket, scroll down and view the **History** in list below." Below the instructions are input fields for Review ID, PAR #, Client #, and Admit Date. The Review ID field is circled in red. Below the input fields is a large yellow text area. At the bottom of the form is a **Submit Question** link. Below the form is a section for Q&A History (Last 30 Days) with a table header for Question/Response.

NOTE: A new PAR number will be issued for any change made to an existing PAR. Once changes have been approved and completed, the new PAR number will be located in eQSuite®



2. **Submit a Modify Authorization Review Type***: See examples below.

- To add a new procedure code on an existing PAR within the same date span
 - Only enter the date span needed. Enter the new code needed. Codes already reviewed do NOT need to be entered.
- To add units to a procedure code(s) on an existing PAR within the same date span
 - Only enter the date span needed. Enter the code and additional units needed. Units already reviewed do NOT need to be entered.
- To change or add modifiers for a procedure code on existing PAR

Clinical documentation must be attached/uploaded to this PAR to support medical necessity.

* Select Review Type Modify Authorization and include the eQHealth PAR number*

Start

Review Type and Settings

Requesting Provider ID: Requesting Provider Name:

Are you the Billing Provider? Yes No

Billing Provider ID: Billing Provider Name:

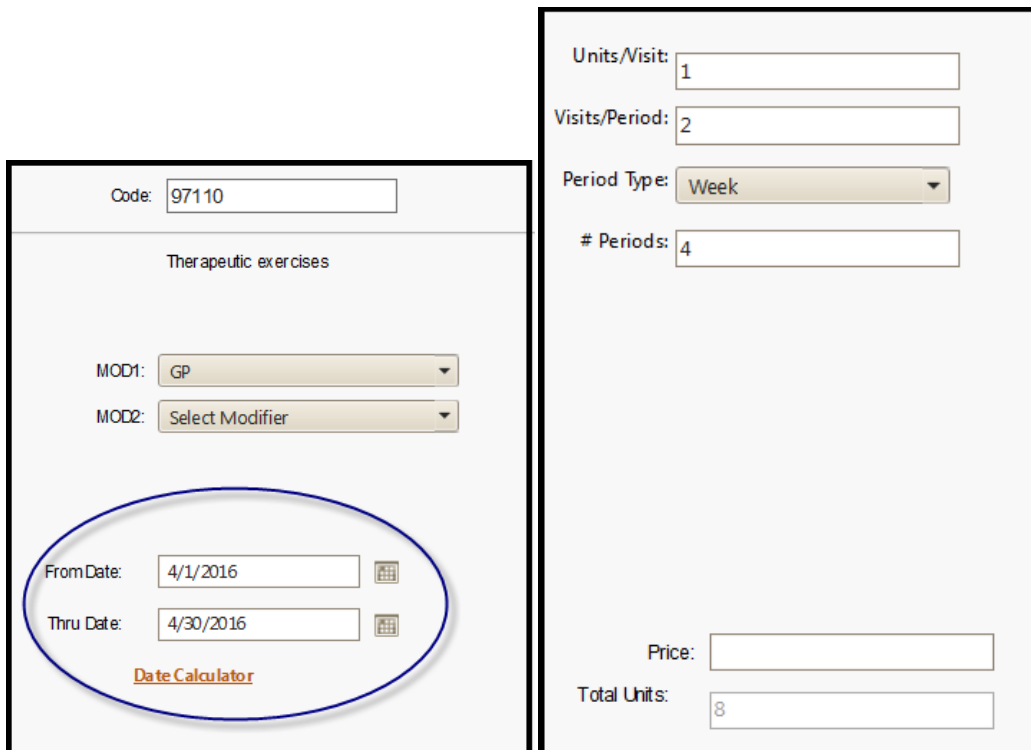
Choose Setting: Surgical/Nonsurgical Outpt Therapy/CRT Eval Outpt Molecular Testing Outpt Diagnostic Imaging DME - Orthotics

Therapy Services: PT OT CRT Evaluation/Assessment

Review Type: **Modify Authorization** eQHealth PAR Number: (or) APS PAR Number:

Examples of Modify Authorization requests:

- *Original PAR from March 1, 2016 thru April 30, 2016 for 16 units of Code 97110. Need an additional 8 units for a limited date span (April). Submit a Modify Authorization request for Code 97110, with dates from April 1, 2106 to April 30, 2016 for a total of **8 units**. Units already authorized do NOT need to be added.*
- *If authorized for 2 visits/week already and total of 3 visits/week are needed, enter Modify Authorization for 1 visit/week. Visits already authorized do NOT need to be added.*
- *If a new modality is needed for treatment during the timeframe of authorization, enter Modify Authorization with dates needed only and new Codes needed only.*



Code: <input type="text" value="97110"/>	Units/Visit: <input type="text" value="1"/>
Therapeutic exercises	Visits/Period: <input type="text" value="2"/>
MOD1: <input type="text" value="GP"/>	Period Type: <input type="text" value="Week"/>
MOD2: <input type="text" value="Select Modifier"/>	# Periods: <input type="text" value="4"/>
From Date: <input type="text" value="4/1/2016"/>	Price: <input type="text"/>
Thru Date: <input type="text" value="4/30/2016"/>	Total Units: <input type="text" value="8"/>
Date Calculator	

3. **Submit a Continued Stay (Cont Stay) Review Type***:

- To extend the date span for an existing PAR (not to exceed 1 year timeframe)

Select Review Type Cont Stay and include the eQHealth PAR number

Start

Review Type and Settings

Requesting Provider ID: Requesting Provider Name:

Are you the Billing Provider? Yes No

Billing Provider ID: Billing Provider Name:

Choose Setting: Surgical/Nonsurgical Outpt Therapy/CRT Eval Outpt Molecular Testing Outpt Diagnostic Imaging DME - Orthotics

Therapy Services: PT OT CRT Evaluation/Assessment

Review Type: **Cont Stay** eQHealth PAR Number: (or) APS PAR Number:

- Include the procedure codes and units you need to extend include the original start date and enter the new from/thru dates.

Code:

Therapeutic exercises

MOD1:

MOD2:

From Date:

Thru Date:

[Date Calculator](#)

4. **Submit an Admission Review Type:**

- To change the billing provider (end non-affiliated provider services)

As the new provider of care, a *Change of Provider* form is required and must be uploaded or faxed with an Admission PAR

Start

Review Type and Settings

Requesting Provider ID: Requesting Provider Name:

Are you the Billing Provider? Yes No

Billing Provider ID: Billing Provider Name:

Review Type: **Admission** eQHealth PAR Number: (or) APS PAR Number:

From Date will be the day after services end with previous provider and the date your services will begin

Code:

Therapeutic exercises

MOD1:

MOD2:

From Date:

Thru Date:



Definitions of Review Types

1. **Admission (Initial PAR request)** – Select this review type for a new/initial PAR request.

Please note: Admission is the terminology in eQSuite[®] for a new/initial PAR request and does not indicate a hospital inpatient admission. The review type “admission” should be used for the majority of PARs submitted through eQSuite[®].

2. **Cont Stay** – Select this review type to extend the date span for any previously requested therapy services.

3. **Retrospective PAR** – Select this retrospective review type if the service has already been rendered. There are several reasons for a retrospective review, including retrospective eligibility. This type of request should be submitted as soon as possible to allow sufficient time for prior authorization to occur prior to submission of the claim within the HCPF timely billing requirements.

4. **Modify Authorization (PAR Revision)** – Select this review type when there is a clinical need to increase or decrease units in a currently approved PAR or to add a new service code within the same “from” and “thru” dates to an existing eQHealth PAR.